

Felton, Geraldene 2008

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Dr. Geraldene Felton

Telephone Interview Oral History

June 30, 2008

Conducted by Philip Cantelon

NINR History Project

P C:	I'm speaking with Geraldene, that's G-E-R-A-L-D-E-N-E, Felton on June 30 th , 2008. Do I have permission to record the call?
G F:	Yes.
P C:	Thank you very much. We were talking a little about source materials, and I'd like to go back to that period. Well first I'd like to get brief bio information on you before you got to the University of Iowa.
G F:	I received my bachelor's and master's degrees from Wayne State University in Detroit and my doctorate from New York University. And I was in the Army Nurse Corps and retired as a lieutenant colonel. While I was in the Army Nurse Corps, I did all the usual things, but I wound up in the Department of the Army's Research Institute at Walter Reed Army Hospital before I retired, and I was dean at Oakland University before I came to University of Iowa.
P C:	Oakland University in Michigan?
G F:	Oakland University in Rochester, Michigan, yes.
P C:	What was the driving interest to get advanced degrees in nursing? Were you in the army at that point?
G F:	Yes. I had started out as a graduate of a hospital diploma program, and even then—this was in the early fifties—I knew that I had to get degrees in nursing in order to be able to influence not only nursing education and nursing service, but also nursing research that was being done. That was my driving interest, and it of course was influenced by what was going on with other nurses in the country and the fact that we knew that we had to become educated in order to make a difference.
G F:	How many of there were you in I guess by this time it would be the mid-to-late fifties?
P C:	Yes. I did find a number, but I can't find it now, but I will certainly see where I saw that number. The number of nurses who had doctoral degrees was very low, which was part of the concern that Rhetaugh Dumas and I had about where the locus of nursing research should be in the federal government, because the Division of Nursing was the locus for nursing education, and we were concerned about the silos built around nursing—education in one place, research in another place, and nursing practice in another place.
G F:	We thought that these silos should be knocked down.
G F:	And this was within the Division of Nursing?
P C:	
G F:	Yes. Our concern in that article that you don't have had to do with the locus of support for nursing. It was in the Division of Nursing in HRSA, and we had struggled so hard to get support for nursing education that we were concerned that if nursing research had another locus in the federal government, that would be a distraction for the total. And that really is the content of that article that you don't have.
P C:	Talk a little about that, because this would have been what, by 1983 or so, after Madigan's, or after the initial IOM report—

G F:	And there was not agreement about where the center should be located. There was no question that we needed federal support for nursing research, but all of the organizations had agreed, even the IOM study group couldn't agree on the locus. There is something called the tri-council that's made up of the leaders of ANA, NLN, and AACN, which is the baccalaureate and higher degree nursing programs, and they all were in agreement to have a center, but the locus of the support, where that center should be was not agreed upon. But the tri-council, which is the ANA, NLN, and AACN group, supported Madigan's amendment to establish it within NIH. That was in 1983.
P C:	Had you known Madigan when you were at Oakland?

No, I didn't. Let's see, I went to Oakland in 1985, so I didn't become a dean until 1985, and then for the rest of my career I was a dean at Oakland and at Iowa, so this was all in place.

PC:	And where were you while it was getting in place, I guess, by '85, but where were you in '83-'84?
GF:	I was still in the Army Nurse Corps.
PC:	Did you participate in any of these discussions?
GF:	No. But I was at the Walter Reed Institute of Research at that time, so I knew about the discussion, but I didn't participate in any of it.
PC:	Did you know Admiral Scott?
GF:	No.
PC:	Jessie Scott?
GF:	Yes. Was she an admiral?

P C:	That's what I understand, vice admiral.
G F:	Okay. Yes, I knew Jessie Scott. Wait a minute. Let's go back. I'm mistaken. I went to Oakland in 1976, so I would have been—in 1983 I was at Iowa. I'm sorry.
P C:	Right. This article is '85, so I know you were there then.
G F:	Somehow or other, I tend to drop out that decade. [Laughs] I swear to you, that decade of the seventies . . . I start with the eighties as if that was when things really started to happen.
P C:	But you were active in the AACN?
G F:	I was active in the AACN, yes.

P C:	Along with Dumas and Ruby Wilson?
G F:	Yes.
P C:	When Madigan picked up on the IOM report and discussed the amendment for an

institute for nursing—

Within NIH.

P C:	Right. What was the position taken by the deans of the colleges of nursing?
G F:	I don't remember. I went back and read the article, but there was no agreement, you see, because those of us who had known the Division of Nursing and what it had done, we were afraid of what would happen if nursing research was in one place and nursing education was in another. There was disagreement. I can't say what the thinking was in the whole group. I know how I felt about it. And in the materials that you will read, you will see that the various organizations could not agree on the locus for the center. I cannot speak for where AACN stood at the time as an organization because I don't remember that the organization had a position. And that was why, I think, we wrote the article because there was so much discontent, I guess, about what would happen to the Division of Nursing if nursing education was in one place and nursing research support for the federal government was in another.
P C:	As a dean, were you caught in somewhat of a bind where the Division of Nursing and
	your big [-inaudible]?

Yes. You have hit it on the head. It was not just me as a dean and knowing the program supports that we got. It was me as a person. When I graduated from NYU, I was placed on loan at the University of Hawaii, because the Department of the Army wanted something, and Hawaii said well we'll do this, but I was the free body that was loaned to the University of Hawaii to start an anesthesia nursing program. And the Division of Nursing supported my first grant application because I had to have funded research in order to be a member of the graduate faculty at the university. See, I was still a fed, but they acted as if I was not, as if I were an employee of the University of Hawaii. So I was always grateful to them because I could never have led a graduate program at a university and had the other freedoms that I had to do what I wanted to do. So I was swayed by my personal sense of thankfulness to the Division of Nursing, and I did not want anything to happen to the division that lessened its capabilities to do what they were doing at the time for nursing research and nursing education.

PC:	Is there also I guess it's a procedural thing when there's a bit of change from a system that you've grown to adapt to that this might upset the applecart as well?
GF:	I don't understand that one.
PC:	Well, if you're used to getting grants from the Division of Nursing, even as I read that

people were unhappy with the amount in nursing research, but you at least know how to work the system. When somebody else comes in, the system will change and then you're never quite certain, because there was some discussion within that about the advisory councils would be different because it might be at NIH and they would be different.

	And who was on the councils, yes. There was that concern, but for me it was not as much as the larger concern that separating the two would be detrimental to both nursing education and nursing research, and part of it would be the review aspects as part of playing in a bigger playpen and being further disadvantaged because the other groups knew how the system operated and we had to learn. Yes.
P C:	Okay. There's an article or a letter that Ruby Wilson wrote that suggested that nurses had been sort of railroaded and weren't able to make these decisions under pressure and they should be better prepared for that. This was something she wrote in

G F:	I don't remember that article.
P C:	It was just a letter in "Nursing Outlook" in 1984, that she was worried about all the debate that had gone on in '83, and that a number of nursing organizations never really took a stand on it, and I think she mentions the American Academy of Nursing as one of those. It seemed to me maybe an undercurrent to this article that maybe the ANA or the tri-council was pushing without fully explaining everything because they needed to—it was responding to somebody else's initiatives rather than their own.

Yes. That was a large part of the concern. How the decision was made to go with the amendment without more discussion and a buy-in by larger numbers of people.

P C:	And that's what they were seeking.
G F:	Yes. But I think we can't lose track of the fact that a major concern was the possibility of jeopardizing support for nursing manpower and training by having nursing funding distributed to a division of nursing in HRSA and a nursing research center in NIH.
P C:	Or somewhere else.
G F:	Or somewhere else, yes. And the somewhere else was never discussed.
P C:	In the article that you and Rhetaugh did with Stevenson and Nancy Woods, in talking about the three studies, or four studies I guess, that followed up from the original IOM report, the Lewin study and the internal NIH study and then a study from HHS, that none of those really could come out and say where they would put anything.
G F:	No. It was lack of agreement among all of those. The concerns were that lack of

agreement, the way discussions went on in nursing research, some people were never a party to them, the separation of the funding we mentioned, the fact that NIH support for nursing research had been negligible up until this time, and that the NIH interests and priorities and guidelines and procedures to determine scientific merit had to change in order to accommodate nursing as we interpreted it. All of these things I experienced in my work with the Division of Nursing when we had different kinds of people on the

study sections, and so these concerns and the concerns that you find in that article were valid concerns. All of us were supportive of a center for nursing research with the conditions under which it was organized and positioned that really formed the heart, I think, of the discussions.

P C:	So everyone was agreeable that there needed to be something more at a higher federal level than what the Division of Nursing was providing.
G F:	No. Well, that's not the way I would put it. There was no criticism of the Division of Nursing. The emphasis was on the need for more attention to nursing research and certainly funding for it, but there was not a criticism of the Division of Nursing. Part of this, when you think about it, had to do with our concern that there would be a lack of attention to what the Division of Nursing would do, and renewed attention and money and energies put into this new entity that would be just diverting monies from one place to another.
P C:	Okay. So if there was a change it would be the lack of attention to the Division of Nursing.

Yes. Not that there was any concern about what it was doing.

P C:	Okay. Because there was some concern about the lack of funding for nursing research coming out of, well, in all areas, and that it had actually been cut back I think in '83, though expanded somewhat in '84.
G F:	Yes. But somehow or other, in your thinking, there was the concern about the need for linkages among nursing research, education, and practice.
P C:	When you say need for linkages, what do you mean by that?
G F:	Meaning that the silo concept wouldn't work.
P C:	Wouldn't work or didn't work?
G F:	Would not work, could no longer—it worked where we were when the Division of Nursing was instituted, but couldn't work any longer. We can't think separately of nursing education, nursing research, and nursing practice. We had to think of it all as part of a piece.
P C:	Part of the same piece.
G F:	Nursing research has no position if it doesn't inform nursing education and nursing

practice. That was the orientation. Oh, I know. There was another thing that was

thought about, and that was consideration of the National Science Foundation as a model for nursing research as an entity, and that didn't get very far. But that was one of the other options that never got anyplace.

P C:	That was one of the things the Lewin report dropped quickly?
G F:	Yes.
P C:	Yes. Tell me a little about Rhetaugh Dumas, because I understand that she had worked at NIH—
G F:	Yes. She was the head of something or other having to do with mental health.
P C:	Yes. And that experience, what I have been told—and I assume that you were good friends with her having worked with her on these articles, and she may have talked to you about this—that her experience at NIH left her a bit sour about nursing research being in an institute there.
G F:	That might have been so, but we never discussed that, never. And it had to do with I

guess the kind of relationship we had. We had very different ideas about many things in nursing, and we learned what to discuss with each other and what not to discuss with each other. But I can imagine her disaffection with NIH when she saw how the system worked, and the fact that priorities were set, and some things having to do with nursing had low priority. I mean I can see that. But we never played the blame card. Her specialization was mental health, and mine was medical surgical nursing and anesthesia and those kinds of things, and we had our own ideas about the relative importance of those two areas. But in order to be friends and to work together, we had to seek another plane on which we interacted, so her disintment with how the feds work and how disciplines were viewed at NIH never surfaced in our discussions.

PC:	Okay. How close were the deans of the colleges of nursing?
GF:	When you say close
PC:	Well, working together on these issues. Or did you leave it up to the tri-council?
GF:	I think we left it up to the tri-council. I was a dean first in about 1976, and what I was

about was learning how to be a dean, and I don't remember any of the discussions in AACN during that time about this issue. I only knew about the tri-council discussions because I would be closer to them. At AACN in that time I would be a junior dean, but at the tri-council meetings, the discussions would have been more closer to my perspective I think.

P C:	Did you come back for these meetings with the deans? There was one I think at George Mason University to discuss what was going on.
G F:	No.
P C:	Another theme that keeps coming up was that the ANA was sort of someone used the expression the 800-pound gorilla in the room.
G F:	Yes, because it's bigger, and it represents a larger constituency than AA—well, and it represents the nurse as the public understands nurse, and that's why it would hold more sway. It's more persuasive I think to the public. The ANA represents all the nurses along the spectrum of what we call nurse in the entire country.
P C:	Did you ever speak with Ruby Wilson about this? She was on the IOM
G F:	No, I never did. I always knew Ruby Wilson, but I don't remember speaking to her about anything of substance during the time that she was active in the AACN.
P C:	Okay. What was your take on the first veto? Were you relieved? The pocket veto of the first bill?
G F:	I don't have any—
P C:	Nothing?

G F:	No. [Inaudible] at all.
P C:	It was after that, between that in '84 and the legislation that finally was passed over a veto in '85, that the nursing organizations really got very active, and that's when your pieces appear. What was the impetus—had the original legislation created a real I guess beehive of discussion here in the nursing communities?
G F:	Yes. And I repeat the major concern was the possibility of jeopardizing support for nursing manpower and nursing training by having nursing research funding distributed from another source. That was the major concern. The desire was to have all federal funding of nursing in one location. We thought that that would be the elephant in the room.
P C:	Let me ask you a question, because this is a little off the wall, I'm sorry, but I haven't quite figured it out. The ANA was based in Kansas City?
G F:	Yes, it would have been based in New York and Kansas City.
P C:	But they had a big office in Washington for government affairs.
G F:	Yes.
P C:	Okay. When I look them up, I can't quite—
G F:	The Kansas City thing, you know, was intended to communicate that this organization is situated in the middle of the country to encourage this "y'all come" stuff, and that this would be better for the organization. But New York and Washington of course is where the action is.
P C:	Okay. This was Kansas City, Missouri, right?
G F:	Yes. But we all thought that was a mistake, but the thinking was it was in the middle of the country. That was why the offices were situated there.
P C:	Once the legislation for a center was passed by Congress, how then did you work with I guess Jo Elliott?
G F:	Well, I was the first chair. Is that in your material?
P C:	The first chair of the . . . ?

Of the committee to review the nursing committee and the center.

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P C:	No.
G F:	Yes.
P C:	This is the advisory committee?
G F:	Yes. The review committee. Jo Eleanor was a good friend and very supportive of me, no matter what I had said about where I thought the center for nursing research at that time should be situated.
P C:	And you thought it should be where?
G F:	I didn't know where it should be. But remember, I was concerned about the Division of Nursing and what would happen to it, and I had known Jo Eleanor Elliott in the Division of Nursing because I was a—okay. I guess maybe I've left something out. I was a reviewer for proposals in the Division of Nursing since 1976, and I was chosen to be the chair of the review of the nursing research proposals when it moved to NIH.
P C:	Aha. And when you say you were chosen, was this recommended by Jo Eleanor or—

Well, however they make those decisions at NIH.

P C:	I suspect at that point Doris Merritt was sort of feeling her way along.
G F:	Yes, and they looked at a list of possible people, and they chose me.
P C:	How did that work out?
G F:	Fine. See, there's a staff person from the nursing section who staffs all of the review sections, and the way it works really relates to the quality of the staffing. I think I told you that we're planning a reunion of the people from the first study section to meet next August.
P C:	That's right. You did tell me that, yes.
G F:	See, the people who were chosen were the major nurses in this country who were engaged in research, and it was an all-nurse study section. In the Division of Nursing, the study sections were made up of people from other disciplines, as well as nurses.
P C:	This group was formed in 1986?

No. Wait a minute. It would have been . . . I thought I had a . . . '87 or '88 or '89. I'll have to find that.

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P C:	If it's '87, I have a picture of this whole group. I don't have it obviously with me, but in my office in Rockville. That was a poster that was made?
G F:	Well, I remember the picture being taken, because after a while you couldn't do that. You couldn't take pictures. Nobody was allowed to take pictures. The business of when—whatever, that probably was the first review committee.
P C:	Yes. That's what it says. I think it's October '87.
G F:	Okay.
P C:	I'm trying to remember.
G F:	I don't have my CV here, so I don't
P C:	Did you have an opinion about how this was all going to work out under Merritt?
G F:	Yes. I thought she was a good choice, and I remember she was very supportive. She

hired a good staff. I knew quite a few of the first people.

P C:	I think many of them came out of Jo Eleanor's staff.
G F:	Yes.
P C:	Doris Bloch and—
G F:	Doris Bloch and Trudy McFarland. Is her name there?
P C:	Yes.
G F:	See, once the decision was made, then there's no question about working to make things work. So any of that other stuff about where should it be and this and that and the other was gone. You don't think about that anymore. All you do is think about the work that needs to be done and making sure that we don't do anything that would bring any shame or question to nursing. It was over. After the decision was made and the center was organized, then we did the work of the center.
P C:	Were you involved in the search for the permanent director for the center?

G F:	No, but I knew them. I knew all the directors of the center. Now that was done at a
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higher level than the study sections.

P C:	How many nurses would have been candidates for that job?
G F:	[Laughs] I don't know, I don't know. Not many. It would have been fewer than ten.
P C:	Interesting. What kind of people were they looking for?
G F:	They were always looking for people who had research track records, who had stature in nursing and other communities, who could work with groups of all kinds, and who could play the government game. And the ones that were chosen were those kinds of people.
P C:	There haven't been too many heads of the center over the years.
G F:	No, but the ones that they have had have been right. The choices were very, very good.
P C:	Did you know Ada Sue Hinshaw?
G F:	Oh yes, very well.
P C:	How did you know her?

G F:	Probably through the academy and through AACN, and through NINR. So I have worked with her for years. And then she went from there to the University of Pennsylvania—I mean University of Michigan. She was just right.
P C:	Did she work with Rhetaugh there at Michigan?
G F:	Yes, because when she went to Michigan, then Rhetaugh was, I don't know, in the office of the president in some form or other.
P C:	At Michigan.
G F:	Yes, at Michigan.

P C:	Did any of the fears of the establishment of a national center for nursing research at NIH, did any of those fears ever materialize that you discussed before?
G F:	No.
P C:	Including the diminution of the Division of Nursing?
G F:	No, because the Division of Nursing leadership broadened its perspective in health

manpower. There was no diminishing. The leadership was strong enough to redefine

what the division was about. And see, some of us remained on the roster for reviewing proposals at the Division of Nursing even as we also reviewed proposals for NINR.

P C:	And none of those would overlap?
G F:	No no no. Never any overlapping. There are some things that the feds can do very well. Really. I'm just amazed. See, some of the questions you're asking I never thought about before, and they're very good questions because you would wonder about with all this hubbub in this small group, and we are still a small group, how could this all work out. Well, it worked out because there was a bigger cause than our small concerns and insecurities, and it was the cause of funding programs that would enhance the work that relates to people's health. This was the bigger cause, and so nobody ever, ever held it against me that Rhetaugh and I had written this article. It misstated what we said. Most people think that we were against an institute of nursing. We called for deliberations about where the institute should be, and what would be the implications for nursing service and manpower issues and clinical practice if research was removed from those areas.
P C:	Do you have a copy of that you could send me?
G F:	Yes. I'll send it to you because it's been duplicated and duplicated, and it wouldn't be

clear—I'll send it to you by regular mail.

PC:	Okay. Let me give you my address.
GF:	Wait a minute. I've got History Associates Incorporated—
PC:	But if you're just going to pop it in the mail, if you'd just send it to me in Maine, that would be great.
GF:	Okay. Tell me how to spell your last name.
PC:	C-A-N-T-E-L-O-N. And it's 60 Central Avenue, Brunswick, Maine 04011.
GF:	Okay. Now there's another thing that you might want to look at, and that is "Nursing

Outlook," the May-June 2008 issue, and that's Volume 56, Number 3, pages 95-140. That has to do with the next iteration of where nursing research is going, and it's a special issue on nursing and interdisciplinary research. Much of how all of that is coming about has to do with the influence of the NINR. See, when you talk about disciplinary research and then interdisciplinary research and then transdisciplinary research, which is something altogether different from what you would do as an historian and what I would do as a nurse, it requires a new language. But it's part of the progression, and this kind of thing came about because of the funding that's available to us, nursing as a discipline, from the NINR.

P C:	That was the question I was going to ask you is what's been the impact of both the center and the institute.
G F:	It's unbelievable. It's absolutely unbelievable. You could count on ten fingers the strongest nursing programs in the country and the ones with the strongest program of research. Much of that came about not only from the imaginations and the work of nurses in these places, but also the kinds of support we were able to get to grow and to develop and to mature under the NIH funding.
P C:	So that it led to a dramatic growth of nursing?
G F:	Of our capabilities. Absolutely, and our stature in the universities and other communities so that other disciplines saw the benefits of working with nurses. Now one of the papers I gave was at the last celebration of nursing—NINR birthday. I can't remember which one. I talked about how we at Iowa had grown and developed and matured in research. That's when I made a statement about disagreeing about the center. I've been derelict I think in misrepresenting what my position was over the years, but it makes for a good joke.
P C:	[Laughs] A little self-deprecating humor?

G F:	Yes. It will take you a long way.
P C:	I wasn't quite as wrong as I'm admitting now, but it's better this way.
G F:	[Laughs]
P C:	Is that the nub of it?
G F:	Absolutely. Yes. I did say I was wrong, but I used the right words—I mean I used the wrong word—I used words that really didn't state the position. I was not against a center for nursing research. I was concerned about the placement of the center and the implications for other aspects of nursing. But all the people, and I don't know how many of those people even had read the article, but they only remembered—because they ran back to Rhetaugh—Rhetaugh was at the meeting—and told her what I said. She didn't like it.
P C:	Well, people hear what they want to hear sometimes.
G F:	Absolutely. But it serves the purpose.
P C:	I want to thank you very much for making my Monday a whole lot brighter than it is

outside.

GF:	What's going on in Maine?
PC:	Fog. I'm fogged in.
GF:	Okay, Phil. I'll send you that article.

PC:	I would appreciate it very much, and thank you. I will, if I may, take the opportunity to get back in touch if I have any other questions, I would like to do so.
GF:	Yes, and I know, what is it, August 2009, well it's only a year away, and the book will be completed by then?
PC:	Certainly the draft will be, the manuscript, yes.
GF:	Yes, but you're still invited to the get-together. I don't know how many people will get here, but . . .
PC:	And that's next . . . ?
GF:	Next August. The first weekend in August.

P C:	August in Iowa, huh?	
G F:	Yes. [Laughs] Come on, now. Come on. It's not so bad.	
P C:	I know that. I grew up in Indiana. It can't be all that bad.	
G F:	Yes, it can't be that much different. It's just the idea of it.	
P C:	As all the easterners say, "It's one of those flat states that begin with an I." So I feel a certain kindred spirit for Iowa.	
G F:	[Laughs] Anyway, what you need to keep in mind is that you do have a standing invitation, and when we get all the details settled, I'll let you know and you can choose or not.	
P C:	Okay. I look forward to it.	
G F:	I'm going to have to put people up in a hotel, a very, very nice hotel downtown or in Coralville, which is next door to us, but any special person like you would stay here at my house.	
P C:	That's even better.	
G F:	I can only put up one person or two people if they use the same bed.	
P C:	[Laughs] You just make this an offer I can't refuse.	

G F:	Two things. You're going to have a very nice dinner and a very nice reception.	
P C:	Well, I will tell you that the nurses that I have spoken with are all delightful. They really are.	
G F:	Well, you have a way about you that I think encourages people to be on their best behavior.	
P C:	Oh well. I've failed once again.	
G F:	[Laughs] Okay. I'll get that stuff out to you.	
P C:	Okay. Thanks very, very much. Bye.	
G F:	Bye.	

[End of interview]